

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2009**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

66631-8013

Application Number

10/623,481- Conf. #4558

Filed

July 18, 2003

For **DUAL DRUG DOSAGE FORMS WITH IMPROVED SEPARATION OF DRUGS**

Art Unit

1618

Examiner

Young, M.P.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 65.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any additional required fees, or credit any overpayment, to Deposit Account Number 50-4616.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 38,563

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Judy M. Mohr \_\_\_\_\_  
Signature

Judy M. Mohr \_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Date

November 9, 2009 \_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

650-590-0734 \_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.